

SCC eFile

**2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

215517677

1.) CORPORATION NAME:

DUE DATE: **3/31/2015****The Urbanna Oyster Festival Foundation**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **03729860****KATHLEEN M HALL****51 CROSS STREET, 2ND FLOOR  
PO BOX 278**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**URBANNA, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**MIDDLESEX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: DRAWER C

CITY/ST/ZIP: URBANNA, VA 23175

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	KATHLEEN M HALL
TITLE:	SEC/TREAS
ADDRESS:	PO BOX 278
CITY/ST/ZIP/CO:	URBANNA, VA 23175

☒ OFFICER☒ DIRECTOR

NAME:	ERIC FAUDREE
TITLE:	VICE CHAIRMAN
ADDRESS:	PO BOX 475
CITY/ST/ZIP/CO:	URBANNA, VA 23175

☒ OFFICER☒ DIRECTOR

NAME:	JOE HEYMAN
TITLE:	CHAIRMAN
ADDRESS:	PO BOX 758
CITY/ST/ZIP/CO:	URBANNA, VA 23175

☒ OFFICER☒ DIRECTOR

NAME:	HEATH BRAY
TITLE:	DIRECTOR
ADDRESS:	PO BOX 922
CITY/ST/ZIP/CO:	URBANNA, VA 23175

☐ OFFICER☒ DIRECTOR

NAME:	BILL BRIDGEFORTH
TITLE:	DIRECTOR
ADDRESS:	246 VIRGINIA ST
CITY/ST/ZIP/CO:	URBANNA, VA 23175

☐ OFFICER☒ DIRECTOR

NAME:	CHARLES M BRISTOW JR
TITLE:	DIRECTOR
ADDRESS:	PO BOX 22
CITY/ST/ZIP/CO:	URBANNA, VA 23175

☐ OFFICER☒ DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEE CHEWNING DIRECTOR PO BOX 351 URBANNA, VA 23175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE FUCCELLA DIRECTOR PO BOX 188 URBANNA, VA 23175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT HENKEL DIRECTOR PO BOX 434 URBANNA, VA 23175-0434	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL HURD DIRECTOR PO BOX 457 SALUDA, VA 23149	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER B HURLEY JR DIRECTOR PO BOX 585 URBANNA, VA 23175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHIC SILVER DIRECTOR PO BOX 370 URBANNA, VA 23175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOLLY THRIFT DIRECTOR PO BOX 400 URBANNA, VA 23175	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KATHLEEN M HALL		KATHLEEN M HALL, SEC/TREAS	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE	
		5/5/2015	
		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			